

Permit #: 20003

Date Issued: Dec 75

County: Clay

Date Cancelled: _____

CONFIDENTIAL, UNTIL: _____

Date Plugged: 1-1-76

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	
4	
4i	
5	
6	
7	
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		

Additional Submitted Data:

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL ☒ DEEPEN ☐ PLUG BACK ☐NAME OF COMPANY OR OPERATOR LIBERTY HOSPITAL DISTRICT DATE 1-6-762525 Glenn Hendren Drive Liberty Missouri 64068
Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease <u>owned</u>	Well number <u>2</u>	Elevation (ground) <u>924</u>
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WELL LOCATION (give footage from section lines)
1950 ft. from (N) ☒ sec. line 1430 ft. from (E) ☒ sec. lineWELL LOCATION Section 31 Township 52 Range 31 County CLAYNearest distance from proposed location to property or lease line: 240 feet
Distance from proposed location to nearest drilling, completed or applied — for well on the same lease: 600 feet

Proposed depth: Rotary or Cable tools Approx. date work will start

Number of acres in lease: <u>± 30</u>	Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>2</u> Number of abandoned wells on lease: <u>1</u>
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If lease, purchased with one or more wells drilled, from whom purchased: Name _____ Address _____	No. of Wells: producing _____
	inactive _____
	abandoned _____

Status of Bond	<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
Single Well <input checked="" type="checkbox"/> Amt. <u>\$1,000.00</u>	Blanket Bond <input type="checkbox"/> Amt. _____

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.

Proposed casing program:

amt.	size	wt./ft.	cem.
<u>600</u>	<u>2"</u>	<u>unknown</u>	<u>30 sacks</u>

Approved casing — To be filled in by State Geologist

amt.	size	wt./ft.	cem.

I, the undersigned, state that I am the Administrator of the Liberty Hospital District (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.Signature John W. MassingPermit Number: 20003Approval Date: DEC - 1975Approved By: WBHorn by Wellb.

Note: This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250 Rolla, Mo. 65401

One will be returned.

☒ SAMPLES REQUIRED☐ SAMPLES NOT REQUIRED

WATER SAMPLES REQUIRED @:

MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

New Well ☒ Work Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☐ Gas ☒ Dry ☒

Owner Liberty Hosp. District		Address Liberty, Missouri	
Lease Name Liberty Hospital		Well Number Y 2	
Location 1950' from N line 1430' from E line		Sec. -- TWP--Range or Block & Survey Sec 31 T52 R31	
County Clay	Permit number (OGC3 number) 20003		
Date spudded Nov. '75	Date total depth reached Nov. '75	Date completed, ready to produce dry	Elevation (DF, RKB, RT or Gr.) feet 930
Total depth 555'	Elevation of casing hd. flange 931 feet		
Producing interval (s) for this completion dry		Rotary tools used (interval) From _____ to _____ Drilling Fluid used _____	
Was this well directionally drilled? no		Was directional survey made? no	
Type of electrical or other logs run (list logs filed with the State Geologist) no		Was copy of directional survey filed? no	
		Cable tools used (interval): From 0 to 555	
		Date filed no	
		Date filed	

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb. ft.)	Depth set	Sacks cement	Am't. pulled
surface	10"	10"	25	10'		10'
drill string	8 1/4"	6 5/8"	13	427'		427'

TUBING RECORD

LINER RECORD

Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:)					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity API (Corr.)	
Tubing pressure	Casing pressure	Cal'd rate of production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):

Method of disposal of mud pit contents:

Pit covered with dozer

CERTIFICATE: I, the undersigned, state that I am the **President** of the **Young Drilling** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

F.E. Young
Signature

JAN 01 1976

MO. OIL & GAS COUNCIL

Remit two copies: one will be returned

DETAIL OF FORMATIONS PENETRATED

Formation	Top	Bottom	Description*
surface	0	3	Black dirt
Clay	3	6	yellow
Broken rock	6	7	tann
Sandy clay	7	12	yellow
Broken rock	12	13	tan
Lime	13	17	beige
Shale	17	40	gray
Lime	40	46	beige
shale	46	54	dk gray to blk
lime	54	55	gray
shale	55	60	gray with red particle, sandy
lime	60	70	gray
shale	70	75	dk gray to alk
lime	75	85	lt. gray
shale	85	104	dk, gray & sandy
Lime	104	105	lt. gray
shale	105	106	dk gray
lime	106	111	gray
shale	111	119	dk. gray
lime	119	127	lt. gray
shale	127	129	grat
lime	129	147	gray tanish
shale	147	149	dk gray
blk slate	149	150	blk
shale	150	152	dk gray
lime	152	173	white
blk slate	173	175	blk
shale	175	177	dk
lime	177	179	dark
shale	179	181	blk
lime	181	185	dk gray hertha
shale	185	187	dk
shale	187	193	light
red bed	193	195	
shale	195	200	gray
shale	200	219	sandy
sandstone	219	226	hard, sandy & slatey
shale	226	283	gray
sandstone	283	290	oil
shale	290	293	gray
red bed	293	298	
shale	298	200	gray
sandstone	300	340	
shale	340	364	green
lime	364	366	
shale	366	374	dk gray
lime	374	380	light gray
shale	380	383	gray or blk slate
sandstone	383	389	

*Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

INSTRUCTIONS:

Attach drillers log or other acceptable log of well if available.

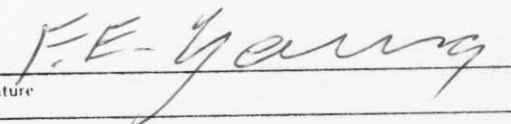
This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.

**MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD**

Form OGC-2

Owner Liberty Hosp.. District				Address Liberty, Missouri	
Name of Lease Liberty Hospital			Well No. 2		
Location of Well 1950' from N line 1430' from E line				Sec. Twp. Rge. or Block & Survey S31 T52 R31	County Clay
Application to drill this well was filed in name of Liberty Hospital		Has this well ever produced oil or gas no	Character of well at completion (initial production) Oil (bbls./day) _____ Gas (MCF/day) _____		Dry? dry hole
Date Abandoned Nov. '75		Total depth 555'	Amount well producing prior to abandonment Oil (bbls./day) _____ Gas (MCF/day) _____		Water (bbls./day) _____
Name of each formation containing oil or gas. Indicate which formation open to well-bore at time of abandonment		Fluid content of each formation		Depth interval of each formation	
Hole plugged in bottom with 5 sacks cement and hole plugged at 150' with brush, rocks and shale and 4 sacks of cement and hole plugged at 20' with brush, rocks and shale and 5 sacks of cement					
Size pipe	Put in well (ft.)	Pulled out (ft.)	Left in well (ft.)	Gave depth and method of parting casing (shot, ripped, etc)	Packers and shoes
10"	10'	10'	none		
6 1/4"	427'	427'	"		
Was well filled with mud-laden fluid? no			Indicate deepest formation containing fresh water none		
NAMES AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE					
Name		Address		Direction from this well:	
Method of disposal of mud pit contents: Covered over with dozer					
Use reverse side for additional detail					
File this form in duplicate with					

CERTIFICATE: I, the undersigned, state that I am the **President** of the **Young Drilling** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.


 Signature

JAN 01 1976

MISSOURI OIL & GAS COUNCIL